



PAYROLL DIRECT DEPOSIT AUTHORIZATION AND AGREEMENT

EMPLOYEE NAME:
DEPARTMENT:
POSITION:

IMPORTANT:
FOR DEPOSITS TO A CHECKING OR SHAREDRAFT ACCOUNT, PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM.

All information provided on this form will supersede all previous forms.

PRIMARY ACCOUNT

ROUTING NO.	ACCOUNT NO.	AMOUNT	CHECKING []	SAVINGS []
FINANCIAL INSTITUTION				
ADDRESS	CITY	STATE	ZIP CODE	

SECONDARY ACCOUNT

ROUTING NO.	ACCOUNT NO.	AMOUNT	CHECKING []	SAVINGS []
FINANCIAL INSTITUTION				
ADDRESS	CITY	STATE	ZIP CODE	

AUTHORIZATION

I hereby authorize Cottonwood Heights to initiate deposits to the financial institution indicated above. This authority is to remain in force until either I revoke it by giving written notice to Cottonwood Heights or, upon termination of my employment with Cottonwood Heights

Signature	Date
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